



Refugee Health

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- **BEFORE REFUGEES COME TO THE U.S.**



•Overseas Medical Screening

- Performed by Panel Physicians who are under contract with the Department of State
- History and Physical – results are documented and are available when refugees arrive to the U.S.
- Designed to identify disease of public health concern and to identify diseases or conditions that may impact resettlement



• **Class A – Excludable Conditions**

- Active, infectious tuberculosis
- Untreated sexually transmitted infections
- Hansen's disease (leprosy)
- Addiction or abuse of specific substance without harmful behavior (amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics)
- Any physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur

•Class B Conditions – Require Follow Up after arrival

- Syphilis (with residual defect), treated within last year
- Other sexually transmitted infections, treated within last year
- Current pregnancy, number of weeks pregnant
- Any physical or mental disorder (excluding addiction or abuse of specific* substance but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur
- Hansen's disease, treated multibacillary
- Hansen's disease, paucibacillary
- Sustained, full remission of addiction or abuse of specific* substances
- * amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics

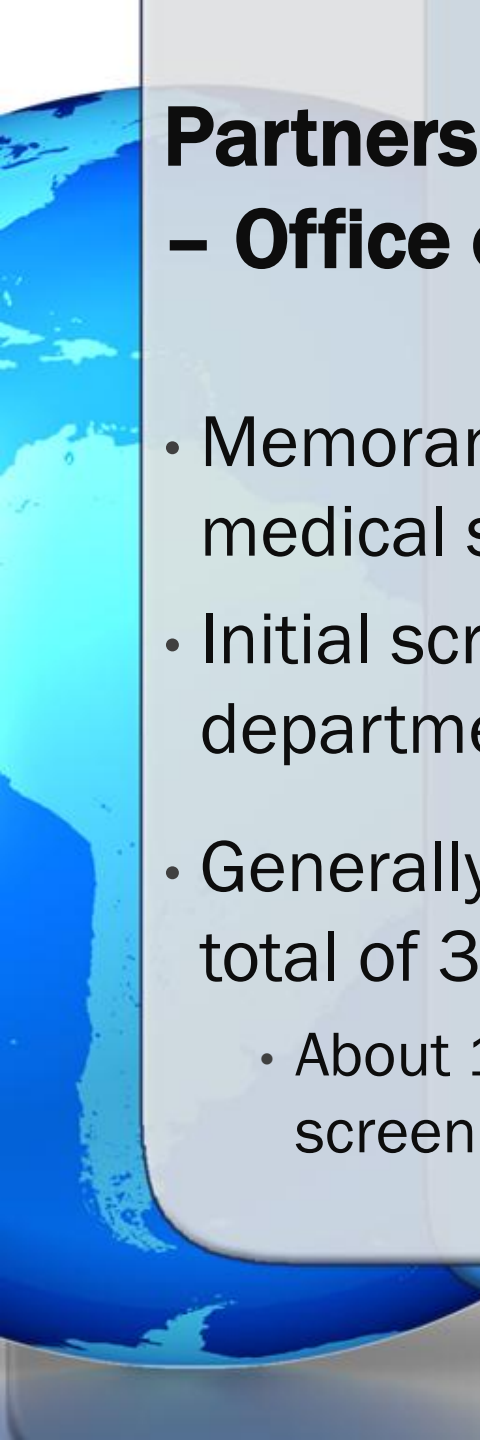
A stylized graphic of a globe is positioned on the left side of the slide. It features a blue and white color scheme, with the blue representing the oceans and the white representing the continents. The globe is partially cut off by the left edge of the frame.

• **NEWCOMER HEALTH PROGRAM**



Mission Statement

The mission of the Virginia Newcomer Health Program is to provide an initial health screening to newly arrived refugees and other qualified individuals, address health issues that may impact successful resettlement, and identify and intervene on diseases and conditions of public health concern.

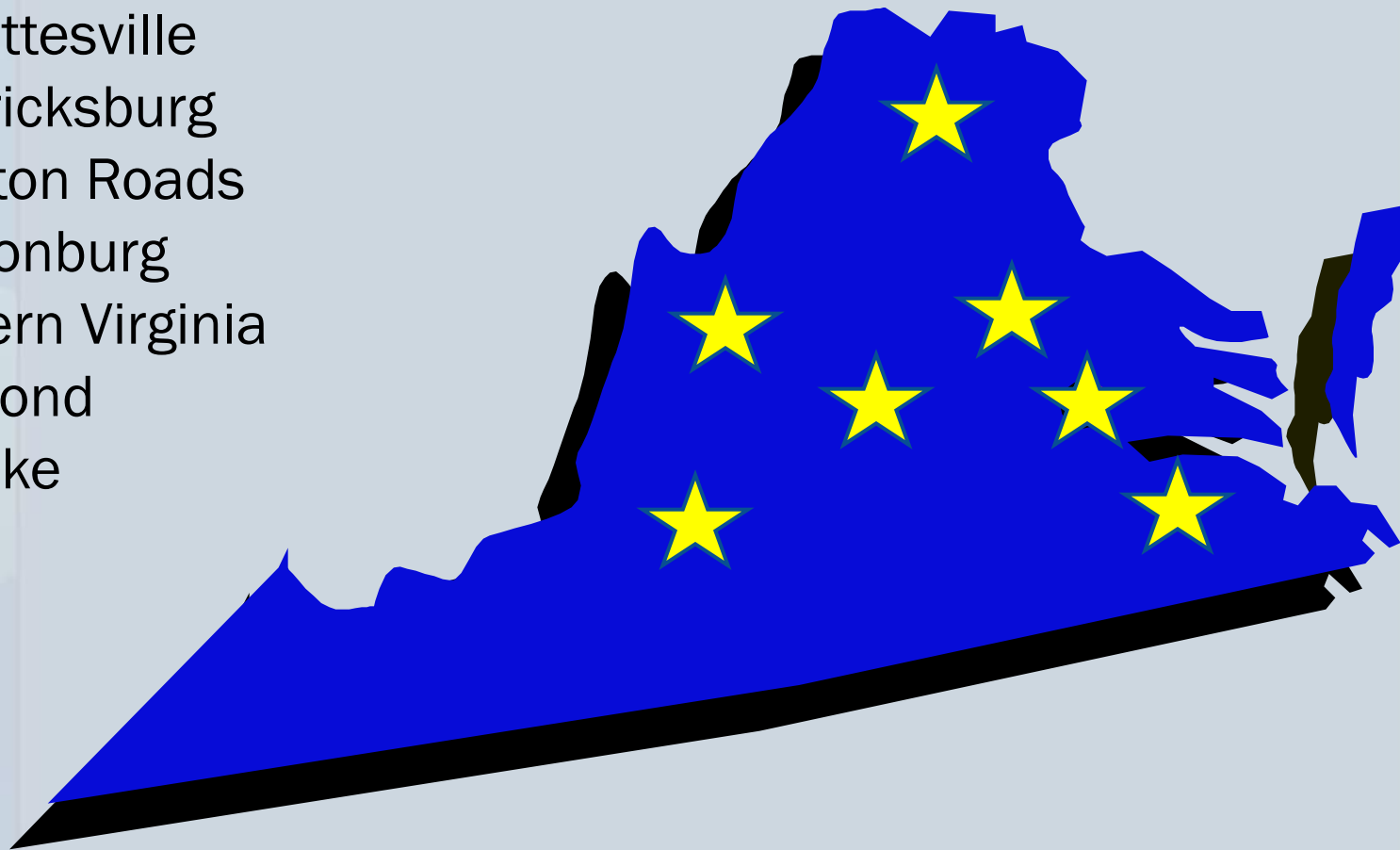


Partnership with Department of Social Services – Office of Newcomer Services

- Memorandum of Agreement to provide initial refugee medical screenings
- Initial screenings are done at local health departments
- Generally involves a limited number of districts – total of 35 districts in VA
 - About 15-20 of those routinely perform initial health screenings

Primary Refugee Resettlement Areas

- Charlottesville
- Fredericksburg
- Hampton Roads
- Harrisonburg
- Northern Virginia
- Richmond
- Roanoke



Newcomer Health Program

Roles and Responsibilities

- Coordinate with CDC and LHDs (local health districts) on matters related to Refugee Health Screenings and issues/diseases of public health concern
- Monitor LHDs to ensure screenings are completed following appropriate protocols and are done within federally required timeframes
- Work closely with ONS (Office of Newcomer Services) on all matters related to refugee health
- Process reimbursement to LHDs

Newcomer Health Program

Roles and Responsibilities (continued)

- Attend policy meetings with ONS and resettlement providers
- Provide guidance on refugee health related disaster preparedness
- Together with ONS participate in workgroups consisting of LHD nurse staff and refugee resettlement case management staff to improve communication, resolve issues and develop best practices

Newcomer Health Program

Roles and Responsibilities (continued)

- Provide written guidance to LHDs
- Train newly hired LHD staff and LHD staff in districts who *do not* currently serve refugees when refugees *do* resettle to those locations
- Provide technical assistance to LHDs and other community partners as requested
- Provide guidance to 9 health liaisons at resettlement agencies throughout the state



Local Departments of Health

Roles and Responsibilities

- Work with local VOLAGs to assure timely scheduling of Refugee Health Assessments
- Provide guidance to local VOLAGs on refugee health related matters
- Provide Initial Refugee Health Screenings



Refugee Screening Guidelines

- New guidelines released July 2012
- Guidelines published by the Office of Refugee Resettlement
 - Last major update to screening guidelines – 1995
- Effort to create a minimum screening standard for all refugees in US
- Establish standard reimbursement framework
- Implemented February 1, 2013 in Virginia



Purpose of initial medical screenings

- Identify persons with diseases of public health importance
- Ensure follow-up of medical issues identified overseas
- Identify personal health issues that may impact resettlement process
- Ensure linkage to ongoing primary care



Required Screening Procedures for All Refugees

- History & Physical Assessment
 - Can be done by MD, NP or PHN – district choice – reimbursement amount dependent on who does it
- Complete Blood Count & Basic Metabolic Panel
- Urinalysis
- Hepatitis B testing
- HIV – opt out approach
- Screening for tuberculosis
 - Symptoms, TB Skit Test or TB blood test, chest x-ray and sputum testing– if indicated

Conditional Laboratory Testing

- Newborn Screening
- Blood Lead Level
- Pregnancy test
- Syphilis test
- Chlamydia test
- Hepatitis C test
- Cholesterol
- Varicella (Chickenpox) serology – VDH decision
- Measles, Mumps and Rubella serology – VDH decision

Presumptive Treatment in lieu of testing

- Presumptive treatment of Ova & Parasites for individuals not treated prior to arrival
- Presumptive treatment of malaria for individuals from Sub-Saharan Africa who were not treated prior to arrival



Immunizations - Per ACIP Guidelines

- DTP/DTaP/DT
- Td/Tdap
- IPV
- MMR
- Rotavirus
- Hib
- Hepatitis A
- Hepatitis B
- Meningococcal
- Varicella
- Pneumococcal
- Influenza

MENTAL HEALTH SCREENING

- Virginia has chosen to use the Refugee Health Screener-15 (RHS-15)
- Developed in Seattle, Washington
- Screens for Post Traumatic Stress Disorder (PTSD), Anxiety and Depression
- Only validated on ages 14 and older

MENTAL HEALTH SCREENING (continued)

- Must be administered in native language
- Available translations: Amharic, Arabic, Burmese, Karen, Somali, Russian, Cuban Spanish, Tigrinya, Farsi, Nepali, French, and Swahili
- Dari version is in development

الفرز الصحي للاجئين-15
REFUGEE HEALTH SCREENER-15 (RHS-15)



التجارب التالية يمكن ان تكون تجارب مؤلمة متعلقة بالحرب او الهجرة. كم مرة شعرت بالاعراض التالية خلال شهر لياضي:
The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

الأعراض SYMPTOMS	لا شيء على الإطلاق NOT AT ALL	قليلاً A LITTLE BIT	متوسطاً MODERATELY	كثيراً QUITE A BIT	بشكل شديد EXTREMELY
10. هل عانيت من استعادة تذكرك لهذه الصدمة بخيالك أو تمثيلها أو الشعور كأنها تحدث مرة أخرى؟ Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
11. هل عانيت من ردود فعل بدنية (على سبيل المثال، كثرة تصبب العرق، سرعة دقات القلب) عندما تمّ تذكيرك بالصدمة؟ Been having physical reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
12. هل شعرت بانعدام المشاعر (على سبيل المثال، تشعر بالحزن ولكنك لا تستطيع البكاء أو غير قادر على الإحساس بمشاعر الحب)؟ Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
13. الاختلاج و سرعة الأفعال (مثال على ذلك، تشعر أن هناك شخص يمشي ورائك) Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

14. ضع دائرة حول أفضل رد لك. هل تحس أنك:
Circle the one best response below. Do you feel that you are:

0	قادر على التعامل مع (مواجهة) أي شيء Able to handle (cope with) anything
1	قادر على التعامل مع (مواجهة) معظم الأشياء Able to handle (cope with) most things
2	إنك قادر على مواجهة بعض الأمور وغير قادر على مواجهة الأمور الأخرى Able to handle (cope with) some things, but not able to cope with other things
3	إنك غير قادر على مواجهة معظم الأمور Unable to cope with most things
4	إنك غير قادر على مواجهة كل الأمور Unable to cope with anything

Add Total Score of items 1-14

مقياس حدة الضائقة

15. Distress Thermometer



الرقم (من صفر إلى ١٠) الذي يصف مثلاً حدة الضائقة التي
عانيتها في الأسبوع الماضي بما فيه هذا اليوم.

Please circle the number (0-10) that best describes
how much distress you have been experiencing in the
past week, including today.

SCORING SCREENING IS POSITIVE IF: ❶ ITEMS 1-14 IS ≥ 12 OR ❷ DISTRESS THERMOMETER IS ≥ 5

CHECK ONE:

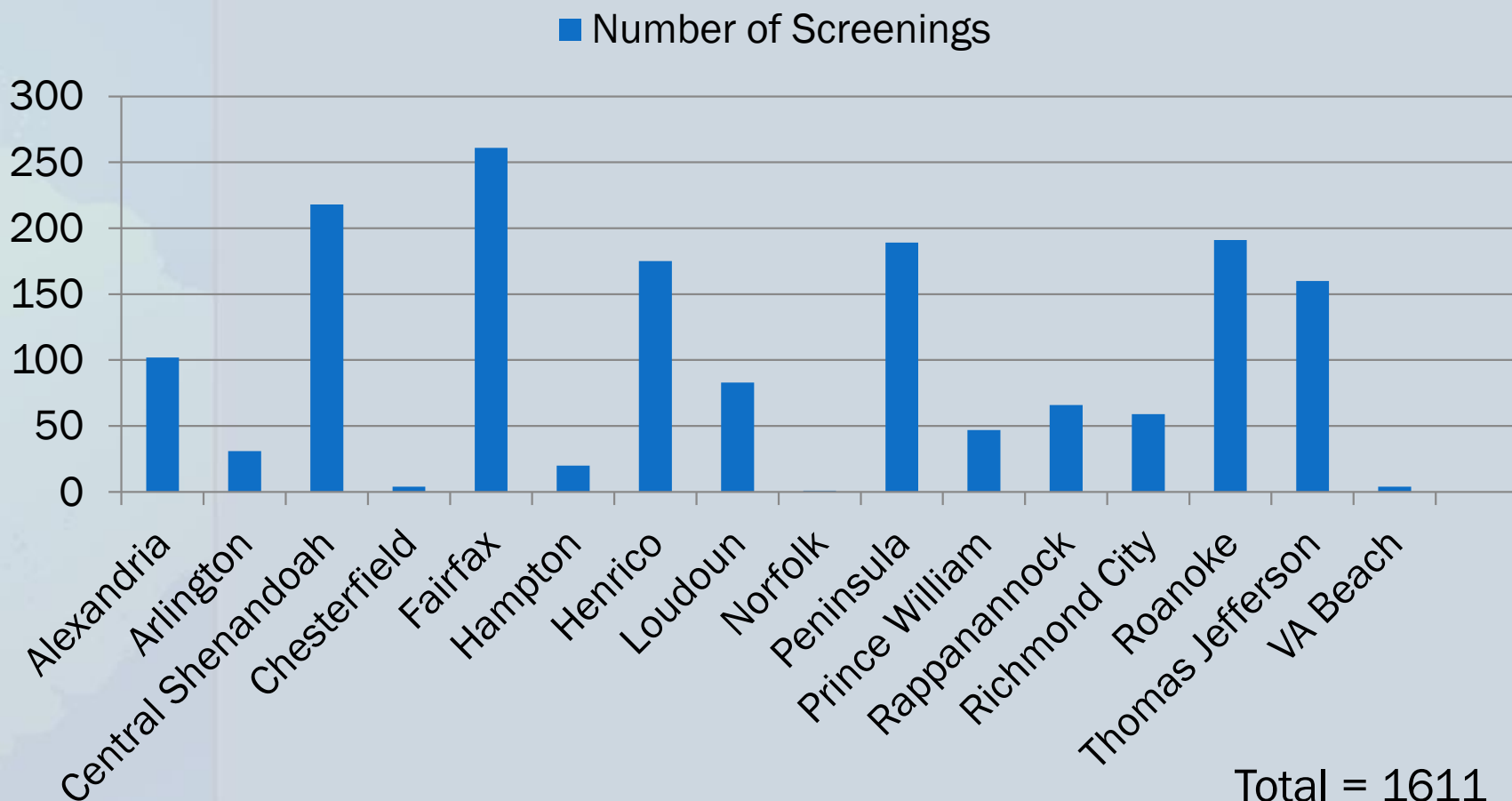
☐ POSITIVE☐ NEGATIVE☐ SELF-ADMINISTERED☐ NOT SELF-ADMINISTERED

MENTAL HEALTH REFERRAL PROCESS

- Screening considered positive if score is >12 or if distress thermometer is >5
- Those with a positive screen are referred for follow up to either a local Community Service Board (CSB) or private provider
- Not all CSBs provide the same level of service. Some only provide services to those with Severe Mental Illness (SMI)

Screening Numbers Across the State

• February 1, 2103 – December 31, 2013



Numbers according to NHP Data

What happens after the health screening?

- Public Health Nurse (PHN) makes appropriate referrals for any issues discovered during the initial health assessment or issues which were noted on the overseas medical exam that require additional follow-up
- Additional immigration required vaccines are provided at appropriate intervals at no charge to the refugee
- Paperwork is completed for refugees applying for legal permanent residence (green card) 1 year after arrival to the U.S.



Just one story.....

<http://www.youtube.com/watch?v=iExv7fqg6QY&index=4&list=PL090759D4333BAFF6>



Final Thoughts

“While every refugee's story is different and their anguish personal, they all share a common thread of uncommon courage: the courage not only to survive, but to persevere and rebuild their shattered lives.”

Antonio Guterres
High Commissioner for Refugees



Contact Information

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